## **Statement of Contributions Received**

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee To Re-elect Lou Gool	rey							
Full Name of Contributor Louis J.R. Goorey				Registration Number, if PAC				
Street Address 2201 Castle Crest		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Worthington	State OH	Zip Code 43085		D <sub>2</sub> 2 9	0 9	Amount \$500.00		
Full Name of Contributor Larry France		9000002000P3850002.cncovodon0	Registra	ation Nur	mber, if P	AC		
Street Address 5921 N High Street	Employer/Occur	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Worthington	State OH	Zip Code 43085	1 0	0 6	0 9	Amount \$500.00		
Full Name of Contributor	MANAGEMENT AND ADDRESS AND ADD		Registra	ation Nur	mber, if P	AC		
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y <sub>.</sub>	Amount		
Full Name of Contributor		PRODUCES OF PROPERTY AND ADMINISTRATION OF THE PROPERTY OF THE	Registra	ation Nur	mber, if PA	AC		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor	manuscripture en participar per per per per per per per per per pe		Registra	ition Nun	mber, if PA	AC		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State OH	Zip Code	M	D	Y	Amount		
Full Name of Contributor					Registration Number, if PAC			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State OH	Zip Code	M'	D.	Y	Amount		
Full Name of Contributor				tion Nun	nber, if PA	AC		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State OH	Zip Code	M·	D	Y	Amount		
Full Name of Contributor			Registrat	tion Num	nber, if PA	4C		
Street Address	Employer/Occup	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount		

Page Total \$1,000.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]